

THOMASSON COMPANY
P O BOX 490
PHILADELPHIA, MS 39350

PHONE: 601-656-6000
FAX: 601-656-2080
ATTN: JANE THOMAS

PLEASE RETURN TO JANE THOMAS @

jane@thomassoncompany.com

Application For Credit Terms
***ALLOW 3 WEEKS FOR APPROVAL
(Please Print or Type)

Applicant: _____

Address: _____

Country: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

E-mail: _____ Fax: _____

Please provide Thomasson Company with your most current financial statement.

TRADE REFERENCES

Name: _____

Address: _____

Phone #: _____ Fax: _____

Contact: _____

Name: _____

Address: _____

Phone #: _____ Fax: _____

Contact: _____

Name: _____

Address: _____

Phone #: _____ Fax: _____

Contact: _____

Bank Reference

Bank: _____

Address: _____

Phone #: _____ Fax: _____

Contact: _____ Account #: _____

By my signature below, I hereby authorize the above companies or bank to mail, fax, or communicate by telephone any credit information needed to set up an open account with Thomasson Company.

Date: _____

Signed: _____